



**REVOCATION OF POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/719,676
Filing Date	21 November 2003
First Named Inventor	WIEBE, David
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application

Please change the correspondence address for the above-identified application as follows

David Wiebe Tel: 250-880-1410
203 - 2722 Fifth Street Fax: 250- 475-0702
Victoria, BC
V8T 4B2, Canada

We are the Applicant/Inventors

SIGNATURE of Applicant or Assignee of Record			
Name	David Wiebe		
Signature			
Date	May 27 2004	Telephone	250-880-1410
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/>	*Total of <u>3</u> forms are submitted.		



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SIGNATURE of Applicant or Assignee of Record			
Name	Phillip Smith		
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Date	May 27, 2004	Telephone	250-389-0707
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/>	*Total of <u>3</u> forms are submitted.		



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SIGNATURE of Applicant or Assignee of Record			
Name	Lawrence Johnson		
Signature			
Date	May 26, 2004	Telephone	604- 555- 543 6272